



City  
of  
Milwaukee

Department of Employee Relations  
City Hall, Room 706  
200 East Wells Street  
Milwaukee WI 53202-3554

414-286-3751  
TTD 414-286-2960

## Employment Application for Labor Relations Attorney (Milwaukee Public Schools)

### INSTRUCTIONS TO APPLICANT- Please:

1. Use a typewriter or print answers in **BLACK** ink.
2. Answer all questions in unshaded area. Credit may not be given for incomplete information. Leave shaded areas blank.
3. Date and sign on page 2.
4. Print your Last Name in the left margin.
5. Keep a copy of completed application materials for your files.

**Any format modification made to this document will result in immediate rejection**

<b>Last Name</b> _____ <b>First</b> _____ <b>Middle Initial</b> _____			<b>Do you currently live in the City of Milwaukee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when did you become a resident?</b> (month/year) _____  <b>NOTE: City employees must live in the City.</b> <b>Residency proof will be required at the time of hire or within six months.</b>  <b>List any other names by which you have been known on official records:</b> _____
<b>Address</b> _____ <b>Apt. #</b> _____			
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____	
<b>Day phone:</b> _____ ( ) _____ - _____			
<b>Evening phone:</b> _____ ( ) _____ - _____			
<b>Email Address:</b> _____			
<b>Social Security Number</b> _____ - _____ - _____			
<b>Are you 18 years of age or older?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If under 18, how old are you?</b> _____ years _____ months			
<b>Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:</b> _____			
<b>List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:</b> _____			
<b>TYPE</b> _____ <b>NUMBER (if any)</b> _____		<b>TYPE</b> _____ <b>NUMBER (if any)</b> _____	
<b>MILITARY SERVICE</b> * Read carefully if you may be eligible for veteran's preference points. * Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application, a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing (1) date of entry, (2) date of discharge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. For further information please see the back page of the application.			
<b>Military Status</b> <input type="checkbox"/> Enlisted, drafted or commissioned--active duty <input type="checkbox"/> Enlisted or commissioned reserve or National Guard service --active duty for training only <b>Date Entered Active Duty:</b> _____ <b>Date Terminated Active Duty:</b> _____		<b>Period of Service</b> <input type="checkbox"/> August 27, 1940-July 25, 1947 <input type="checkbox"/> June 27, 1950-January 31, 1955 <input type="checkbox"/> August 5, 1964-January 1, 1977 <input type="checkbox"/> Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined) <input type="checkbox"/> Afghanistan War (September 11, 2001 to date to be determined) <input type="checkbox"/> Called to active duty in 1961 by Executive Order No. 10957 <input type="checkbox"/> Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal <b>Date:</b> _____ <b>Location:</b> _____	
If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unremarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.			

LAST NAME

EXAM# 03-051

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

**The City requires pre-employment drug testing.**

**THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.**

**EMPLOYMENT INFORMATION**

Are you legally authorized to work permanently for <i>any</i> employer within the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
There may be a possibility of employment with other organizations. If so, may we refer your name? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):				
If you are <input type="checkbox"/> PRESENTLY or were <input type="checkbox"/> PREVIOUSLY employed by the City of Milwaukee, list the following:				
POSITION TITLE	DEPARTMENT	PENSION NUMBER	FROM (MO./YR.) TO (MO./YR.)	
If you have ever been convicted of an offense other than minor traffic violations, list details below. If you list convictions, provide your birthdate on page 9. Your birthdate will be used for conviction verification only. Use separate sheet if necessary:				
CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
<b>NOTE:</b> Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge.				

**READ CAREFULLY BEFORE SIGNING**

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MINIMUM REQUIREMENTS**

IMPORTANT: Do you meet **ALL** of the following requirements? ☐ **Yes** ☐ **No**

***If No, we will NOT be able to accept your application for this particular opening, please watch for other opportunities at [www.milwaukee.gov/der](http://www.milwaukee.gov/der)***

- ☐ **Law Degree** from a law school accredited by the American Bar Association.
- ☐ **Significant labor relations experience.**

**Applicants are also expected to meet these requirements:**

- ❖ Knowledge of grievance procedures and grievance arbitration processes and procedures
- ❖ Knowledge of labor law and labor relations activities and processes
- ❖ Knowledge of labor relations research activities, resource materials and techniques
- ❖ Skill and proficiency in using Microsoft Word and Excel
- ❖ Ability to negotiate and communicate effectively
- ❖ Ability to prepare technical documents (briefs, proposals, counterproposals)
- ❖ Ability to identify trends in wages and benefits
- ❖ Skill in conducting investigations (grievances, arbitrations)
- ❖ Skill in data and information analysis and interpretation
- ❖ Ability to read and interpret job-related material
- ❖ Ability to work cooperatively with labor relations staff, union staff and management
- ❖ Ability to work under pressure and time constraints
- ❖ Ability to be versatile and adaptable
- ❖ Ability to maintain confidentiality

**MINIMUM REQUIREMENT WITHIN 12 MONTHS OF HIRE DATE**

- **Residence in the City of Milwaukee** within twelve months of appointment and throughout employment.



**EMPLOYMENT HISTORY**

Begin with current or most recent employment and work back. Treat each change of job title as a new entry. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for a position.

<b>Current or Last Employer</b>	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:

Answer the following with respect to the bargaining units with which you were involved (for contract negotiations, contract grievance administration, etc.)

Affiliated Union (AFSCME, WEAC, Operating Engineer, etc.)	Name of Bargaining Unit	Number of Employees in Bargaining Unit	Your Duties (check one)		
			Spokesperson	Neg. Team Member	Support

Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

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If more space is needed please make additional copies of this page or attach additional sheets.

[illegible]

[illegible]

If more space is needed, please attach additional sheets.

Describe your specific experiences in each of the following areas. For each experience described, identify the employer where this experience was gained and the number of years of experience.

Describe your experience conducting research for the development of labor contract proposals.

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Describe your experience in contract and/or grievance administration and arbitration.

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Describe your experience in advising managers on interpretations of labor contracts, laws, regulations, etc. and assisting in resolving day-to-day labor relations problems.

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Describe your experience in participating in negotiation sessions and acting as chief spokesperson.

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Describe any other education or experience which you think qualifies you for this position:

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## **TESTING ACCOMMODATIONS**

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, what kind of accommodations will you need?

\_\_\_\_\_ A signer  
\_\_\_\_\_ A reader  
\_\_\_\_\_ Extra time  
\_\_\_\_\_ Other (Please describe) \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.*

## MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION FOR Labor Relations Attorney (Labor Relations Specialist)

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

### ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

#### Basis for Eligibility:

- ☐ I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
- ☐ I am the unremarried spouse of a veteran who died of a service-connected disability.
- ☐ I am the unremarried spouse of a veteran who was killed in action.

#### Spouse's Military Status:

- ☐ Enlisted, drafted or commissioned--active duty
- ☐ Enlisted or commissioned reserve or National Guard service--active duty for training only

Date Entered Active Duty: \_\_\_\_\_

Date Terminated Active Duty: \_\_\_\_\_

Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? ☐ YES ☐ NO

#### Spouse's Period of Service

- ☐ August 27, 1940 - July 25, 1947
- ☐ June 27, 1950 - January 31, 1955
- ☐ August 5, 1964 - January 1, 1977
- ☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
- ☐ Afghanistan War (September 11, 2001 to date to be determined)
- ☐ Called to active duty in 1961 by Executive Order No. 10957
- ☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date: \_\_\_\_\_

Location: \_\_\_\_\_

**City of Milwaukee**  
Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEASE PRINT OR TYPE

1. Name: \_\_\_\_\_  

LAST
FIRST
MIDDLE
2. Position Applied for: **Labor Relations Attorney** (Labor Relations Specialist)
3. Recruiting information: How did you **FIRST** hear about this job opening? (Please check only one)
  - A. ☐ Milwaukee Journal Sentinel
  - B. ☐ Other Newspaper (please specify) \_\_\_\_\_
  - C. ☐ City Hall Posting
  - D. ☐ Library Posting
  - E. ☐ Community Agency Posting (please specify) \_\_\_\_\_
  - F. ☐ College or University Posting (please specify) \_\_\_\_\_
  - G. ☐ From a City Employee
  - H. ☐ From Someone who is NOT a City Employee
  - I. ☐ Job Hotline Number (414-286-5555)
  - J. ☐ Received Job Interest Postcard in mail
  - K. ☐ Job Fair/Career Talk (please specify) \_\_\_\_\_
  - L. ☐ TV (please specify station) \_\_\_\_\_
  - M. ☐ Radio (please specify station) \_\_\_\_\_
  - N. ☐ **www.milwaukee.gov/der**
  - O. ☐ Internet (please specify) \_\_\_\_\_
  - P. ☐ OTHER (please specify) \_\_\_\_\_
4. Sex (please check one): MALE \_\_\_\_\_ FEMALE \_\_\_\_\_
5. Race (please check one):
  - ☐ Black/African American (not of Hispanic origin)
  - ☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
  - ☐ White/Caucasian/European/North African/Middle Eastern
  - ☐ Native American Indian/Alaskan Native
  - ☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)
6. List any languages, other than English, which you speak FLUENTLY: \_\_\_\_\_
7. Birthdate \_\_\_\_\_. Your birthdate will be used for conviction verification only.
8. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.  
 I live in the \_\_\_\_\_ Housing Development.

The above-completed information is true to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_